STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012288	A. BUILDING: _____ B. WING _____	R-C 08/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN OF FORT WAYNE	300 E WASHINGTON BLVD FORT WAYNE, IN 46802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00174464 completed on 6/11/15. This visit was in conjunction with a PSR to the State Residential Licensure Survey completed on 5/13/15. Complaint IN00174464 - corrected. Survey Dates: August 4 and 5, 2015 Facility number: 012288 Provider number: 012288 AIM number: N/A Census Bed Type: Residential: 120 Total: 120 Census payor type: Medicaid: 84 Private: 36 Total: 120 Sample: 3 Lamplight Inn of Fort Wayne was found to be in compliance with 410IAC 16.2-5 in regard to the PSR to the Investigation of Compliant IN00174464.	{R 000}		